

What I Did

For my CSIP project, I worked with the Native American Initiative. My CSIP project involved a presentation to the community, as well as San Mateo County providers, on Native American mental health and strategies for working with the Native American community to improve health outcomes in this population. My presentation was part of a larger workshop on Native American Mental Health that integrated various aspects of Native American healing practices, as well as experiential activities involving drumming. I primarily discussed the disparities between Native Americans and other racial/ethnic populations in the US in terms of suicide, substance use and PTSD. I also addressed some common misconceptions about the nature of mental health disparities in this population; namely, the misconception that Native Americans and other non-white groups are more susceptible to various type of psychiatric illness as a whole. I aimed to re-orient the audience to the idea that the disparities that do exist are a result of the psychological impact of systemic oppression and historical trauma. I also emphasized the importance of considering the impact of historical trauma and continued systemic oppression on the presentation of psychiatric illness in this community.

This project was originally suggested by the NAI as a way to promote outreach to the community, but also as a way to generate awareness of the need for mental health help for this population within San Mateo County. Therefore, I also tried to emphasize the lack of Native American-oriented care in San Mateo County compared to other counties (e.g., San Francisco and Oakland/Alameda counties, where specific clinics and organizations exist to meet the needs of this population).

The workshop itself included several other speakers from the community. Red Starr did an opening ceremony to set the intention for the workshop, and also spoke about his personal

experiences with mental illness in his family and the need for culturally-appropriate, accessible services to reduce these disparities. We also had an amazing presentation by Valerie Abea and Silvia Salcedo, who also work with BHRS, on traditional healing practices. Specifically, Ms. Abea discussed the healing qualities of lavender and sage, and the anxiolytic properties of these herbs. She provided information on smudging, a cultural practice of burning sage and other herbs and using the smoke to cleanse. Ms. Salcedo spoke on the healing traits of music, and how drumming especially can be calming for people who are anxious or have experienced trauma, because it is a reminder of what it was like to be in the womb. I thought this piece was especially interesting because of the new research emerging on NMT, which is based on similar tenants that the Native American communities have been using to heal for centuries.

Following their presentation, we also had a short drumming demonstration and a presentation by Michael Duran and Michael Andrews, from the Indian Health Center of Santa Clara Valley. They spoke about the importance of engaging Native American youth who are at risk of suicide or gang affiliation, as well as other potentially traumatic activities, in re-integrating aspects of cultural practices in order to empower and engage.

Ms. Salcedo performed the closing ceremony, which was a beautiful way to engage the entire audience in empathy and healing.

How it Went

The feedback was mostly positive with regard to the workshop as a whole. I expected (and received) some feedback on my presentation style (e.g., rate/volume of speech), but I felt that the audience was pretty engaged with the content of the presentation. The feedback on the evaluations indicated that handouts would have been useful for following my piece of the presentation. Other feedback included requests for more information, some on Aztec speaking,

roles of women in the population, cultural issues in mental health, workshops on herbs, more ways to use knowledge of the training. Further, attendees responded by indicating that they plan to engage in further research, by learning more about resources in the community, participating in drumming, “maintaining an open mind,” etc. Pre-test and post-test responses indicated that, of 56 respondents, percentage of correct responses increased by a minimum of 30% on each question. CE Course Eval results fell between 3.6-3.9 on every item. Areas with a 3.6 included “the presenters adequately addressed questions” and “the presentation handouts and audio/visual materials were useful.” This seems to accurately reflect comments made on written forms as well. Attendees seemed to enjoy the experiential aspects of the presentation more, those presented by Valerie Abea, Silvia Salcedo, Michael Duran and Michael Andrews.

This is important to note because it does indicate that there is a desire within the SMC community to learn more about the healing practices of different cultures. I also felt that the audience, with some minor exceptions, was open to facing challenges to their own assumptions about what is “correct” in terms of healing, and to considering that different cultures may put more weight and value on different sources of information – where predominately white, middle class providers likely emphasize science and research, those in the Native community place higher value on traditional cultural practices that have been shown to be effective over thousands of generations. The audience at the workshop did a nice job of suspending assumptions and considering the possibility that there are alternatives to commonly used methods of healing, and that the lack of funding/endorsement does not de-legitimize these practices.

Another important aspect of this presentation was the experiential piece. There are many trainings in the county each year, and while all of them are very informative, few that I have seen manage to engage the audience on so many levels (e.g., auditory, emotional, olfactorily, etc.).

This is so important for learning and completely ties in with the idea of holistic healing. Further, this is an opportunity to experience the various aspects of healing that are being spoken about.

What I Found

I found that there is an interest and need for increasing awareness of the historical trauma and marginalization impacting Native American communities in San Mateo county. I also found that there is interest in increasing knowledge of alternatives to classic evidence-based-treatments in clinical work, especially when working with populations for whom most interventions have not been normed.

Future recommendations for BHRS:

There is a place for continued outreach and awareness by and for the NA community in San Mateo. In the future, presentations would benefit from being primarily given by those who identify personally with the culture being discussed. While I believe my role as an ally to racial/ethnic minority groups is an important addition to the conversation, the low numbers of minority presenters and providers in the county/US indicates a need for increased visibility of professionals at all levels who identify with these groups. I think there is a space for privileged groups to support and elevate these presentations through engagement in the design, CEU application process, etc (background work), but more visibility needs to be given to the members of the group that the presentation is aimed at reaching. That said, I feel that this project was a way for me to personally develop my identity as an ally and have really appreciated the immense support that I felt from my supervisor, the NAI, and the community in general. My hope for the future is that there can continue to be a dialogue about the complicated process of developing the identity of being an ally, as well as emphasis on doing this in a way that does not overlook or erase the experience of those who should really be the ones speaking personally on these issues.

In terms of engaging the community further in these conversations, it appears that events of this nature are a great way to not only raise visibility of Native American mental health issues, but to also increase organizational collaboration, which will hopefully enable BHRS to make further connections that facilitate improved coordinated patient care. I do not necessarily think it would benefit the community to simply adopt NA practices into the county system in order to improve access to care – the situation is more complicated than that. There is space for the county to support the development of collaboration between many providers in the community, with the ultimate goal of supporting the establishment of an IHC or similar clinic within the county that can adequately and appropriately address the needs of potential Native American clients in this county. Further, it is important that we as providers refrain from engaging in stereotyped assumptions about the NA community with regard to mental health and mental health disparities. There is clearly a disparity in the nature of trauma and access to culturally-appropriate care experienced by this community, and providers can help address these disparities by promoting and supporting traditional healing practices and advocating for increased funding for in-county mental healthcare for Native Americans.